PRINTED: 09/26/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY 101 AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 09G226 B. WING 09/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DC HEALTH CARE WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 000 INITIAL COMMENTS W 000 A recertification survey was conducted from 09/11/18 through 09/13/18. A sample of three clients were selected from a population of six males. This survey was conducted utilizing the focused fundamental survey process. The findings of the survey were based on observations, interviews and review of client and administrative records. Note: The below are abbreviations that may appear throughout the body of this report. BSP - Behavior Support Plan ENT - Ear, Nose and Throat SIB - Self Injurious Behavior CT - Computerized Tomography HM - House Manager HRC - Human Rights Committee ISP - Individual Support Plan HRC - Human Rights Committee LPN - Licensed Practical Nurse POS - Physicians Orders QIDP - Qualified Intellectual Disabilities **Professional** W 312 DRUG USAGE W 312 CFR(s): 483.450(e)(2) Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual

elimination of the behaviors for which the drugs are employed.

This STANDARD is not met as evidenced by:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/26/2018 FORM APPROVED OMB NO. 0938-0391

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		E SURVEY IPLETED
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	Based on observat review, the facility fadrugs to reduce nor appointments into the clients in the sample. Findings include: On 09/11/18 at 5:23 prepare Client #1 evincluded Trazodone and Quetiapine 100 refused the medicate up and left the area several minutes late medications. The dissubsequent review of showed that the three prescribed for mood medication confirms client received seda appointments. On 09/12/18, at 2:16 Client #1 also had a injurious behaviors of himself. The QIDP routine medications, before most medications, before most medications client's guardian and Behavior Commontored its effective appointments. The Coreview Client #1's Based were identified to additional province of the sample of the construction of the constr	ion, interview and record alled to incorporate the use of alled BSP/ISP, for one of two incorporate (Client #1). PM, LPN #2 was observed to be compared to the medications which it is 50 mg, Topiramate 100 mg, mg. The client sat down, alon, then immediately stood with his 1:1 staff. He returned it is and accepted the scussion with LPN and it is the medication record it is medication which it was also noted that the action it was also noted that the action prior to medical PM, the QIDP stated that BSP which addressed self of face slapping and biting confirmed that in addition to Client #1 required sedation of procedures to prevent the cooperation during the ent was obtained from the if the facility's Human Rights in ittee approved the sedation and be reed the sedation and preness for completion of QIDP agreed, however, to SP to verify that strategies	W 31	On 09/14/2018 DCHC Psychologist rev and revised the BSP to reflect strategie see person's cooperation and need for during medical appointment. An interim was obtained same day (09/14/18). Additionally staff were trained on 09/14/ ollow those strategies to support the pe DCHC QIDP/Program Manager will commonitor the above. (Please see Attachment 1)	s to sedation approval 118 to f rson.	09/14/18

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/26/2018 FORM APPROVED

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 312	Continued From pa	-	W 31	2			
	On 09/13/18, at 2:35 PM, the QIDP presented documentation verifying the guardian's consent and the HRC approval for the use of the Ativan prior to the appointments. At 2:50 PM, however, a brief review of Client #1's BSP (dated 02/28/18 to 02/27/19) showed there were no strategies identified to address non-compliance during medical appointments.						
	strategies or a dese	P confirmed that the were no nsitization plan included address non-compliance and ion during medical			450		
	incorporate objective #1's BSP/ISP to add	rvey, the facility failed to es and procedures into Client dress the use of sedation to nce for the completion of ts.					
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	NT OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A BUILDING:	
		HFD03-0254	B. WING		09/13/2018
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	
C HEAL	TH CARE	WASHIN	GTON, DC 20	012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPI THE APPROPRIATE DAT
1 000	INITIAL COMMENT	-S	1 000		
	to 09/13/18. A sam	was conducted from 09/11/18 ple of three residents was pulation of six males.			
	observations, intervand administrative r				
	BSP - Behavior Sup SIB - Self Injurious I CT - Computerized GHIID - Group Hom Intellectual Disability HM - House Manag HRC - Human Right IPP - Individual Prog HRC - Human Right LPN - Licensed Prac POS - Physician's C QIDP - Qualified Intellectual	Behavior Tomography e for Individuals with er s Committee gram Plan s Committee ctical Nurse			
	training to its resider and maintain those I more effectively with environments and to	on AND TRAINING provide habilitation and has to enable them to acquire life skills needed to cope the demands of their achieve their optimum levels and social functioning.	1420		
! ! ! !	Based on observation review, the GHIID fath drugs to reduce non- appointments into the residents in the same	net as evidenced by: n, interview and record iled to incorporate the use of compliance during medical e BSP, for one of two ple (Resident #1).			
	Findings include; ion & Licensing Administ	ration			
RATORY	DIRECTOR'S OR PROVIDE	RISURPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE	(x6) date

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING HFD03-0254 09/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DC HEALTH CARE WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1420 1420 Continued From page 1 On 09/11/18 at 5:23 PM, LPN #2 was observed to prepare Resident #1 evening medications which included Trazodone 50 mg, Topiramate 100 mg, and Quetiapine 100 mg. The resident sat down, refused the medication, then immediately stood up and left the area with his 1:1 staff. He returned several minutes later and accepted the medications. The discussion with LPN and subsequent review of the medication record showed that the three medications were prescribed for mood disorder. During the medication confirmation it was also noted that the resident received sedation prior to medical appointments. On 09/12/18, at 2:16 PM, the QIDP stated that Resident #1 also had a BSP which addressed self injurious behaviors of face slapping and biting himself. The QIDP confirmed that in addition to routine medications, Resident #1 required sedation before most medical procedures to prevent the SIB and improve his cooperation during the appointments. Consent was obtained from the resident's guardian and the facility's **Human Rights and Behavior Committee** approved the sedation. The nurse administered the sedation and monitored its effectiveness for completion of appointments. The QIDP agreed, however, to review Resident #1's BSP to verify that strategies were identified to address the resident's non-compliance during medical appointments and the administration of sedation. On 09/13/18, at 2:35 PM, the QIDP presented documentation verifying the guardian's consent and the HRC approval for the use of the Ativan prior to the appointments. At 2:50 PM, however, a

Health Regulation & Licensing Administration

brief review of Resident #1's BSP (dated 02/28/18 to 02/27/19) showed there were no strategies

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A: BUILDING: __ B. WING HFD03-0254 09/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DC HEALTH CARE WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) 1420 Continued From page 2 1420 identified to address non-compliance during medical appointments. On 09/14/2018 DCHC Psychologist reviewed 09/14/18 At 3:15 PM, the QIDP confirmed that the were no and revised the BSP to reflect strategies to strategies or a desensitization plan included in see person's cooperation and need for sedation Resident #1's BSP to address non-compliance during medical appointment. An interim approval and to improve cooperation during medical was obtained same day (09/14/18). Additionally staff were trained on 09/14/18 to f appointments. 09/14/18 ollow those strategies to support the person. DCHC QIDP/Program Manager will continue to At the time of the survey, the facility failed to monitor the above. incorporate objectives and procedures into Resident #1's BSP/ISP to address the use of (Please see Attachment 1) sedation to reduce non-compliance for the completion of medical appointments.